

Case Number:	CM13-0037184		
Date Assigned:	12/13/2013	Date of Injury:	03/05/2008
Decision Date:	03/18/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas, Indiana, Michigan and Nebraska. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61 year old female who reported an injury on 03/05/2008. The injury that was reported was a give way injury while walking at work. The patient reported continual pain to bilateral knees on the visit on 07/25/2013. There was no physical exam notes sent with the request for 07/25/2013. The current recommended plan is three bilateral Synvisc knee injections. The patient has a history of Synvisc injections in the past with a noted relief from pain for approximately 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Synvisc Injections weekly for (3) weeks, bilateral knees per reported date 07/25/2013 QTY 6.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines state that there should be documentation for diagnosis of severe osteoarthritis that has not responded to conservative and pharmacologic

treatment. There was documentation of osteoarthritis on x-rays. The patient has undergone a prior set of injection with 6 months of pain relief. The patient would benefit from a second set of injections at this time. As such, the request is certified.